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APPLICANTS

Nada Milosavljevic, Providence, RI;

**** CONTINUING DATA *********** FOREIGN APPLICATIONS *********** IF REQUIRED, FOREIGN FILING LICENSE GRANTED *** SMALL ENTITY ****

01/15/2004

Foreign Priority claimed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Met after Allowance	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119(a-d) conditions met	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		RI	23	27	3
Verified and _____ /KRISTINE K RAPILLO/ Examiner's Signature	Initials					

ADDRESS

JENNER & BLOCK, LLP
 353 N. Clark Street
 CHICAGO, IL 60654-3456
 UNITED STATES

TITLE

Quick notation medical reference and record system and method of use

FILING FEE RECEIVED 438	FEES: Authority has been given in Paper No._____ to charge/credit DEPOSIT ACCOUNT No._____ for following:	<input type="checkbox"/> All Fees
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